v. 3, n. 55, 2023

International Journal of Health Science

AUDITORY HALLUCINATIONS IN A DEAF PATIENT – CASE REPORT

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Abstract: This article reports the case of a 34-year-old patient, deaf since birth, illiterate, who was admitted to a psychiatric hospital. During hospitalization, communication with the patient was done mainly through gestures due to communication barriers resulting from deafness. The patient had auditory hallucinations, persecutory delusions and psychomotor agitation. The discussion addresses the difficulties in evaluating deaf patients and the interpretation of auditory hallucinations in this context. The authors conclude that understanding the experience of "hearing voices" in deaf patients can be challenging, but recognizing the limitation in understanding can be useful in helping patients to cope with their experiences.
Keywords: "Auditory Hallucinations"; "Deaf"

INTRODUCTION

Communication is a huge difficulty in researching Deafness in psychiatry and in practically assessing and treating deaf patients (WANG, 2019)

Numerous factors can contribute to hearing loss, including genetics, illness/infections (e.g., otitis media, congenital rubella syndrome, measles) and environmental factors (e.g., noise exposure). (LANDSBERGER et al., 2013)

Although the current consensus is that psychotic disorders are likely as prevalent in deaf people as in hearing people, several limitations to the current literature should be considered. First, the number of recent studies is small, and sample sizes, particularly in the US-based research, are also small and as such may not be representative of the larger deaf population. Second, access to mental health services for deaf people is severely limited, possibly resulting in only the most disordered patients being identified. (LANDSBERGER; DIAZ, 2011)

The current consensus in the psychiatric literature is that similar to hearing patients, deaf patients with psychotic disorders experience hallucinations. However, the manner in which hallucinations are manifested and experienced, particularly in prelingually deaf people (ie, deafness acquired prior to 3 years of age), remains unclear. Most of the discrepancy in the literature is attributable to a lack of systematic, prospective studies with linguistically appropriate assessment of hallucinatory phenomena in deaf patients with psychosis. (LANDSBERGER; DIAZ, 2011)

When profoundly prelingually deaf people with psychosis report hearing voices, it is unlikely that they are referring to the same experience that hearing people with psychosis have, simply because they do not have the same framework for "hearing" as hearing people. Indeed, in examining deaf psychotic patients' reports of auditory hallucinations, Critchley and colleagues (1981) found that "exact subjective experiences were difficult to determine." Some deaf people with psychosis describe "voices" more as "ideas coming into one's head" or as "the feeling of air brushing past the ears, like when someone speaks" (PAIJMANS, et al., 2006)

Even profoundly prelingually deaf people naturally have their own ideas and imaginings of what "hearing" is like, just as hearing people have their own imaginary (and simplistic) construct of what it is like to be deaf (PAIJMANS, et al., 2006)

It seems then that, deaf or hearing, the human brain is predisposed to try to conceptualize "sound" in some way (PAIJMANS, et al., 2006)

The key to successful communication with people with hearing loss is the ability to adapt to the needs of the situation. People with hearing loss often have good suggestions on how to best communicate with them, and it is important to enlist their help. Furthermore,

minimize the background noise, make sure that the interviewer's face is well lit and adjust voice pitch, for example, are examples of good strategies to improve communication, diagnostic capacity and patient-doctor relationship. (BARNETT, 2002)

PRESENTATION

F.C.S, 34 years old, deaf since birth, illiterate, admitted to the psychiatric hospital after hetero aggression towards his mother. He had auditory hallucinations, persecutory delusions, psychomotor agitation and poor insight. During hospitalization, the communication between the team and the patient took place mainly through mimes. Through these, FCS demonstrated persecution of his mother, as if she wanted to steal his money and belongings. He also complained of auditory hallucinations, which he signaled by pointing his index finger forward in repeated movements and frowning, suggesting accusatory or commanding content, but did not provide additional information. Using olanzapine 10mg/day, the patient was stable, with a reduction in persecution towards the family, without aggressive episodes and a decrease in the volume of the referred auditory hallucinations.

FINAL CONSIDERATIONS

In conclusion, the experience reported by deaf patients in "hearing voices" is undeniable. However, health professionals must recognize that it is extremely difficult to fully understand this experience, since many do not share the same phenomenological framework as the deaf. In this context, it is important to understand that the modality of the hallucination is not essential to helping the deaf psychotic patient manage these hallucinatory experiences. Indeed it may be more clinically adaptive to actively acknowledge that the modality is not known (PAIJMANS, et al., 2006)

In addition, it is essential to emphasize the lack of inclusion of the health system in relation to patients with hearing loss. Doctors in general do not have adequate training to deal with deaf people. When faced with these patients, there is an inevitable discomfort and a feeling of impotence. Health professionals are often imprisoned by spoken language, which limits their understanding of the needs and experiences of deaf people.

By recognizing existing limitations and constantly seeking to improve their practice, health professionals will be better able to offer comprehensive and quality care to deaf patients, valuing their individual experiences and respecting their linguistic and cultural diversity. Only in this way will it be possible to advance in the construction of a truly inclusive and equitable health system for all individuals.

REFERÊNCIAS

1- BARNETT, S. Communication with Deaf and Hard-of-hearing People. **Academic Medicine**, v. 77, n. 7, p. 694–700, jul. 2002.

2- DA SILVA, L. M. et al. [Non-verbal communication; reflections on body language]. **Revista Latino-Americana De Enfermagem,** v. 8, n. 4, p. 52–58, 1 ago. 2000.

3- LANDSBERGER, S. A.; DIAZ, D. R. Identifying and Assessing Psychosis in Deaf Psychiatric Patients. **Current Psychiatry Reports,** v. 13, n. 3, p. 198–202, 17 fev. 2011.

4- LANDSBERGER, S. A. et al. Assessment and Treatment of Deaf Adults with Psychiatric Disorders. **Journal of Psychiatric Practice,** v. 19, n. 2, p. 87–97, mar. 2013.

5- PAIJMANS, R.; CROMWELL, J.; AUSTEN, S. Do Profoundly Prelingually Deaf Patients With Psychosis Really Hear Voices? **American Annals of the Deaf,** v. 151, n. 1, p. 42–48, 2006.

6- WANG, S. Deaf psychiatry: a review of the difficulties and the effect of an inquiry on current practice. **Psychiatria Danubina,** v. 31, n. Suppl 3, p. 604–607, 2019.